

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Baxter Healthcare Political Action Committee

ADDRESS (number and street) ▼

1501 K Street, NW

Suite 375

☐ Check if different than previously reported. (ACC)

Washington

DC

20005

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00117838

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☒ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Sarah Creviston

Signature of Treasurer

Sarah Creviston

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Baxter Healthcare Political Action Committee

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y
04		01		2014

To:

M M	/	D D	/	Y Y Y Y
04		30		2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date															
6. (a) Cash on Hand January 1, <table><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td colspan="5">2014</td></tr></table>	Y	Y	Y	Y	Y	2014						<table><tr><td colspan="5">79859.96</td></tr></table>	79859.96				
Y	Y	Y	Y	Y													
2014																	
79859.96																	
(b) Cash on Hand at Beginning of Reporting Period.....	<table><tr><td colspan="5">102061.92</td></tr></table>	102061.92															
102061.92																	
(c) Total Receipts (from Line 19)	<table><tr><td colspan="5">11629.62</td></tr></table>	11629.62					<table><tr><td colspan="5">54331.58</td></tr></table>	54331.58									
11629.62																	
54331.58																	
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<table><tr><td colspan="5">113691.54</td></tr></table>	113691.54					<table><tr><td colspan="5">134191.54</td></tr></table>	134191.54									
113691.54																	
134191.54																	
7. Total Disbursements (from Line 31).....	<table><tr><td colspan="5">4000.00</td></tr></table>	4000.00					<table><tr><td colspan="5">24500.00</td></tr></table>	24500.00									
4000.00																	
24500.00																	
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<table><tr><td colspan="5">109691.54</td></tr></table>	109691.54					<table><tr><td colspan="5">109691.54</td></tr></table>	109691.54									
109691.54																	
109691.54																	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<table><tr><td colspan="5">0.00</td></tr></table>	0.00															
0.00																	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<table><tr><td colspan="5">0.00</td></tr></table>	0.00															
0.00																	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Baxter Healthcare Political Action Committee

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	4

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	7226.44	24375.17
(ii) Unitemized	4403.18	29956.41
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ►	11629.62	54331.58
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	11629.62	54331.58
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	11629.62	54331.58
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	11629.62	54331.58

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	4000.00	24500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	4000.00	24500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	4000.00	24500.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	11629.62	54331.58
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	11629.62	54331.58
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	0.00	0.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 46

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Katherine Azuara

Mailing Address 5540 Churchill Ln

City

Libertyville

State

IL

Zip Code

60048-4289

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP Qlty,Gbl Field Surveillance

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 25 / 2014

Transaction ID : 2014042311923-92

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Michael J. Baughman

Mailing Address 5343 N Lakewood Ave

City

Chicago

State

IL

Zip Code

60640-2208

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, Finance - Med Products

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 11 / 2014

Transaction ID : 2014042311623-59

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

c. Michael J. Baughman

Mailing Address 5343 N Lakewood Ave

City

Chicago

State

IL

Zip Code

60640-2208

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, Finance - Med Products

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 25 / 2014

Transaction ID : 2014042311923-68

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

225.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Edwin A. Betancourt

Mailing Address 2704 Oakmont Ct

City

Weston

State

FL

Zip Code

33332-1834

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Export Corporation

Occupation

VP, Mfg - MP LAC Area

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

487.38

Date of Receipt

04 / 11 / 2014

Transaction ID : 2014042311623-263

Amount of Each Receipt this Period

54.76

Full Name (Last, First, Middle Initial)

B. Edwin A. Betancourt

Mailing Address 2704 Oakmont Ct

City

Weston

State

FL

Zip Code

33332-1834

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Export Corporation

Occupation

VP, Mfg - MP LAC Area

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

487.38

Date of Receipt

04 / 25 / 2014

Transaction ID : 2014042311923-275

Amount of Each Receipt this Period

54.76

Full Name (Last, First, Middle Initial)

C. Simon Bhasin

Mailing Address 5172 Ohio St

City

Yorba Linda

State

CA

Zip Code

92886-4115

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, Program Management R&D

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

04 / 25 / 2014

Transaction ID : 2014042311923-91

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

134.52

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 46
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Paulo Bolgar

Mailing Address 1892 Aspen Ln

City State Zip Code
Weston FL 33327-2356

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Export Corporation

Occupation

VP, HR - LA & Canada

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
04 / 25 / 2014

Transaction ID : 2014042311923-166

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Linda K. Boltz

Mailing Address 315 Park Dr

City State Zip Code
Palatine IL 60067-7732

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, Business HR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
04 / 25 / 2014

Transaction ID : 2014042311923-178

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. Susan K. Brown

Mailing Address 917 Geneva St

City State Zip Code
Glendale CA 91207-1707

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, Mfg - Plasma

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

699.66

Date of Receipt

M M / D D / Y Y Y Y
04 / 11 / 2014

Transaction ID : 2014042311623-15

Amount of Each Receipt this Period

78.72

SUBTOTAL of Receipts This Page (optional)..... ►

128.72

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Susan K. Brown

Mailing Address 917 Geneva St

City

Glendale

State

CA

Zip Code

91207-1707

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, Mfg - Plasma

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

699.66

Date of Receipt

04 / 25 / 2014

Transaction ID : 2014042311923-24

Amount of Each Receipt this Period

78.72

Full Name (Last, First, Middle Initial)

B. Sebastian J. Bufalino

Mailing Address 1091 Pine Meadow Ct

City

Vernon Hills

State

IL

Zip Code

60061-2572

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter International Inc.

Occupation

CVP, Controller

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

620.19

Date of Receipt

04 / 11 / 2014

Transaction ID : 2014042311623-253

Amount of Each Receipt this Period

70.19

Full Name (Last, First, Middle Initial)

C. Sebastian J. Bufalino

Mailing Address 1091 Pine Meadow Ct

City

Vernon Hills

State

IL

Zip Code

60061-2572

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter International Inc.

Occupation

CVP, Controller

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

620.19

Date of Receipt

04 / 25 / 2014

Transaction ID : 2014042311923-224

Amount of Each Receipt this Period

70.19

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

219.10

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 46
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dori Capretti

Mailing Address 2420 Sidney St

City
Pittsburgh

State Zip Code
PA 15203-2117

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Payor Account Exec, Bio

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 11 / 2014

Transaction ID : 2014042311623-217

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Dori Capretti

Mailing Address 2420 Sidney St

City
Pittsburgh

State Zip Code
PA 15203-2117

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Payor Account Exec, Bio

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 25 / 2014

Transaction ID : 2014042311923-251

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Lauren Marie Cassidy

Mailing Address 1721 Dewes St

City
Glenview

State Zip Code
IL 60025-4301

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter International Inc.

Occupation

VP, Corporate Communications

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 25 / 2014

Transaction ID : 2014042311923-199

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

125.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ronald D. Chase

Mailing Address 1090 Medford Rd

City

Pasadena

State

CA

Zip Code

91107-1701

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, IT - BioScience

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

04 / 25 / 2014

Transaction ID : 2014042311923-22

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Edward K. Chess

Mailing Address 5313 Abbey Dr

City

McHenry

State

IL

Zip Code

60050-5155

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Sr Dir, Structure Elucidation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

04 / 25 / 2014

Transaction ID : 2014042311923-5

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

c. Harriet Clemons

Mailing Address 1255 Town Center Rd
Unit 3Q

City

Vernon Hills

State

IL

Zip Code

60061-4194

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Corporate Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

04 / 11 / 2014

Transaction ID : 2014042311623-214

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

100.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Harriet Clemons

Mailing Address 1255 Town Center Rd
Unit 3Q

City State Zip Code
Vernon Hills IL 60061-4194

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Corporate Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 25 / 2014

Transaction ID : 2014042311923-255

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Mark Coin

Mailing Address 1006 S St NW

City State Zip Code
Washington DC 20001-5073

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Director, Public and Reimburse

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415.29

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 11 / 2014

Transaction ID : 2014042311623-181

Amount of Each Receipt this Period

46.85

Full Name (Last, First, Middle Initial)

C. Mark Coin

Mailing Address 1006 S St NW

City State Zip Code
Washington DC 20001-5073

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Director, Public and Reimburse

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415.29

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 25 / 2014

Transaction ID : 2014042311923-212

Amount of Each Receipt this Period

46.85

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

143.70

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Sarah L. Creviston

Mailing Address 23 Wynstone Way

City

North Barrington

State

IL

Zip Code

60010-6950

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, Government Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1055.19

Date of Receipt

04 / 11 / 2014

Transaction ID : 2014042311623-195

Amount of Each Receipt this Period

118.95

Full Name (Last, First, Middle Initial)

B. Sarah L. Creviston

Mailing Address 23 Wynstone Way

City

North Barrington

State

IL

Zip Code

60010-6950

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, Government Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1055.19

Date of Receipt

04 / 25 / 2014

Transaction ID : 2014042311923-238

Amount of Each Receipt this Period

118.95

Full Name (Last, First, Middle Initial)

c. Margarita Cruz-casse

Mailing Address 153 Calle Violeta

City

San Juan

State

PR

Zip Code

00927-6208

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter

Occupation

Dir, Logistics

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

518.01

Date of Receipt

04 / 11 / 2014

Transaction ID : 2014042311623-286

Amount of Each Receipt this Period

58.13

SUBTOTAL of Receipts This Page (optional)..... ►

296.03

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 OF 46
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Margarita Cruz-casse

Mailing Address 153 Calle Violeta

City

San Juan

State

PR

Zip Code

00927-6208

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter

Occupation

Dir, Logistics

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

518.01

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 25 / 2014

Transaction ID : 2014042311923-278

Amount of Each Receipt this Period

58.13

Full Name (Last, First, Middle Initial)

B. Robert M. Davis

Mailing Address 21515 W Hummingbird Ct

City

Kildeer

State

IL

Zip Code

60047-7213

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

CVP, President - Med Products

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1637.75

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 11 / 2014

Transaction ID : 2014042311623-63

Amount of Each Receipt this Period

110.34

Full Name (Last, First, Middle Initial)

C. Barry M. Deutsch

Mailing Address 2330 W Course Dr

City

Riverwoods

State

IL

Zip Code

60015-1768

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP I, Business Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

434.25

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 11 / 2014

Transaction ID : 2014042311623-128

Amount of Each Receipt this Period

48.81

SUBTOTAL of Receipts This Page (optional)..... ►

217.28

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Barry M. Deutsch

Mailing Address 2330 W Course Dr

City

Riverwoods

State

IL

Zip Code

60015-1768

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP I, Business Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

434.25

Date of Receipt

04 / 25 / 2014

Transaction ID : 2014042311923-139

Amount of Each Receipt this Period

48.81

Full Name (Last, First, Middle Initial)

B. Peter Etienne

Mailing Address 189 Lions Ct

City

Lake Zurich

State

IL

Zip Code

60047-7012

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter International Inc.

Occupation

Sr Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

04 / 25 / 2014

Transaction ID : 2014042311923-83

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. Brik V. Eyre

Mailing Address 716 Paradise Ln

City

Libertyville

State

IL

Zip Code

60048-1736

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

GM, US Med Delivery

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

04 / 25 / 2014

Transaction ID : 2014042311923-47

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

98.81

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 16 OF 46

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Alex Blaine Forshage

Mailing Address 909 Oakwood Ave

City

Lake Forest

State

IL

Zip Code

60045-1718

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, Sls & Mkt - US BioT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

04 / 11 / 2014

Transaction ID : 2014042311623-103

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Alex Blaine Forshage

Mailing Address 909 Oakwood Ave

City

Lake Forest

State

IL

Zip Code

60045-1718

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, Sls & Mkt - US BioT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

04 / 25 / 2014

Transaction ID : 2014042311923-122

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

c. Valery E. Gallagher

Mailing Address 14334 Spring Meadow Ct

City

Libertyville

State

IL

Zip Code

60048-2490

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, State Government Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

767.13

Date of Receipt

04 / 11 / 2014

Transaction ID : 2014042311623-90

Amount of Each Receipt this Period

86.31

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

186.31

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 OF 46
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Valery E. Gallagher

Mailing Address 14334 Spring Meadow Ct

City State Zip Code
 Libertyville IL 60048-2490

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, State Government Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

767.13

Date of Receipt

M M / D D / Y Y Y Y
 04 / 25 / 2014

Transaction ID : 2014042311923-105

Amount of Each Receipt this Period

86.31

Full Name (Last, First, Middle Initial)

B. Arthur J. Gibson

Mailing Address 3775 Rivery Trce

City State Zip Code
 Marietta GA 30067-4241

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, Environ, Health & Safety

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

552.66

Date of Receipt

M M / D D / Y Y Y Y
 04 / 11 / 2014

Transaction ID : 2014042311623-75

Amount of Each Receipt this Period

62.42

Full Name (Last, First, Middle Initial)

c. Arthur J. Gibson

Mailing Address 3775 Rivery Trce

City State Zip Code
 Marietta GA 30067-4241

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, Environ, Health & Safety

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

552.66

Date of Receipt

M M / D D / Y Y Y Y
 04 / 25 / 2014

Transaction ID : 2014042311923-96

Amount of Each Receipt this Period

62.42

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

211.15

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 OF 46

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Joseph P. Gomes

Mailing Address 648 Cameron Dr

City State Zip Code
 Antioch IL 60002-1185

FEC ID number of contributing federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Assoc Dir, Medical Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y
 04 / 11 / 2014

Transaction ID : 2014042311623-174

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. Joseph P. Gomes

Mailing Address 648 Cameron Dr

City State Zip Code
 Antioch IL 60002-1185

FEC ID number of contributing federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Assoc Dir, Medical Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y
 04 / 25 / 2014

Transaction ID : 2014042311923-202

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

c. William J. Gresham

Mailing Address 909 Clinton Pl

City State Zip Code
 River Forest IL 60305-1503

FEC ID number of contributing federal political committee.

C

Name of Employer

Baxter International Inc.

Occupation

Dir, Ethics & Compliance/EHS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
 04 / 25 / 2014

Transaction ID : 2014042311923-240

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

85.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 OF 46
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Aaron J. Hebbeln

Mailing Address 1305 Kristin Dr

City State Zip Code
 Libertyville IL 60048-1285

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Group Mgr, Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

04 / 11 / 2014

Transaction ID : 2014042311623-221

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. Aaron J. Hebbeln

Mailing Address 1305 Kristin Dr

City State Zip Code
 Libertyville IL 60048-1285

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Group Mgr, Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

04 / 25 / 2014

Transaction ID : 2014042311923-263

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. Laurie R. Hernandez

Mailing Address 1340 Crest Rd

City State Zip Code
 Libertyville IL 60048-1515

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP II, Strategy & Bus Develop

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

529.08

Date of Receipt

04 / 11 / 2014

Transaction ID : 2014042311623-139

Amount of Each Receipt this Period

60.14

SUBTOTAL of Receipts This Page (optional)..... ►

120.14

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Laurie R. Hernandez

Mailing Address 1340 Crest Rd

City State Zip Code
 Libertyville IL 60048-1515

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 Baxter Healthcare Corporation VP II, Strategy & Bus Develop

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
 529.08

Date of Receipt

M M / D D / Y Y Y Y
 04 / 25 / 2014

Transaction ID : 2014042311923-163

Amount of Each Receipt this Period

60.14

Full Name (Last, First, Middle Initial)

B. Robert J. Hombach

Mailing Address 126 Homewood Ave

City State Zip Code
 Libertyville IL 60048-2122

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 Baxter International Inc. CVP, Chief Financial Officer

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
 450.00

Date of Receipt

M M / D D / Y Y Y Y
 04 / 11 / 2014

Transaction ID : 2014042311623-240

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Robert J. Hombach

Mailing Address 126 Homewood Ave

City State Zip Code
 Libertyville IL 60048-2122

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 Baxter International Inc. CVP, Chief Financial Officer

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
 450.00

Date of Receipt

M M / D D / Y Y Y Y
 04 / 25 / 2014

Transaction ID : 2014042311923-46

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

160.14

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Kim Isenberg

Mailing Address 5028 Belmont Ave S

City

Minneapolis

State

MN

Zip Code

55419-1312

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Sr Manager, Reimb and Advocacy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

04 / 11 / 2014

Transaction ID : 2014042311623-224

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

B. Kim Isenberg

Mailing Address 5028 Belmont Ave S

City

Minneapolis

State

MN

Zip Code

55419-1312

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Sr Manager, Reimb and Advocacy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

04 / 25 / 2014

Transaction ID : 2014042311923-261

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

C. Irene P. Jakimcius

Mailing Address 2208 Wesley Ave

City

Evanston

State

IL

Zip Code

60201-2648

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter International Inc.

Occupation

Assoc General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

826.89

Date of Receipt

04 / 11 / 2014

Transaction ID : 2014042311623-243

Amount of Each Receipt this Period

92.85

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

162.85

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Irene P. Jakimcius

Mailing Address 2208 Wesley Ave

City

Evanston

State

IL

Zip Code

60201-2648

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter International Inc.

Occupation

Assoc General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

826.89

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 25 / 2014

Transaction ID : 2014042311923-95

Amount of Each Receipt this Period

92.85

Full Name (Last, First, Middle Initial)

B. Michael T. Jennings

Mailing Address 130 W Lincoln Ave

City

Libertyville

State

IL

Zip Code

60048-2721

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Sr Dir, Strategy & Integration

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

387.66

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 11 / 2014

Transaction ID : 2014042311623-197

Amount of Each Receipt this Period

43.56

Full Name (Last, First, Middle Initial)

c. Michael T. Jennings

Mailing Address 130 W Lincoln Ave

City

Libertyville

State

IL

Zip Code

60048-2721

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Sr Dir, Strategy & Integration

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

387.66

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 25 / 2014

Transaction ID : 2014042311923-237

Amount of Each Receipt this Period

43.56

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

179.97

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Robert A. Johnson

Mailing Address PO Box 747

Baxter Expat Admin

City

Deerfield

State

IL

Zip Code

60015-0747

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter World Trade Corporation

Occupation

VP, Mfg - MP EMEA Area

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 25 / 2014

Transaction ID : 2014042311923-65

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Andrew W. Kamai

Mailing Address 1520 Greystone Dr

City

Gurnee

State

IL

Zip Code

60031-9128

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Sr Mgr, Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 25 / 2014

Transaction ID : 2014042311923-187

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

c. Omar H. Khalil

Mailing Address 821 Windsor Rd

City

Glenview

State

IL

Zip Code

60025-3128

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Sr Dir, Hospital Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 25 / 2014

Transaction ID : 2014042311923-244

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

75.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Julie S. Kim

Mailing Address 252 Franklin Rd

City

Glencoe

State

IL

Zip Code

60022-1214

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

GFH, BioTherapeutics

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

538.48

Date of Receipt

04 / 11 / 2014

Transaction ID : 2014042311623-261

Amount of Each Receipt this Period

67.31

Full Name (Last, First, Middle Initial)

B. Julie S. Kim

Mailing Address 252 Franklin Rd

City

Glencoe

State

IL

Zip Code

60022-1214

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

GFH, BioTherapeutics

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

538.48

Date of Receipt

04 / 25 / 2014

Transaction ID : 2014042311923-234

Amount of Each Receipt this Period

67.31

Full Name (Last, First, Middle Initial)

c. Sherryl L. King

Mailing Address 1240 S Walnut Ave

City

Arlington Heights

State

IL

Zip Code

60005-3056

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, Bus Analytics - BioScience

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

04 / 11 / 2014

Transaction ID : 2014042311623-202

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

184.62

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 OF 46
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Sherryl L. King

Mailing Address 1240 S Walnut Ave

City State Zip Code
Arlington Heights IL 60005-3056

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, Bus Analytics - BioScience

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 25 / 2014

Transaction ID : 2014042311923-233

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Brian J. LaMarca

Mailing Address 2261 Zach Scott St

City State Zip Code
Austin TX 78723-5463

FEC ID number of contributing
federal political committee.

C

Name of Employer

BioLife Plasma L.L.C.

Occupation

Regional Operations Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

254.28

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 11 / 2014

Transaction ID : 2014042311623-273

Amount of Each Receipt this Period

28.56

Full Name (Last, First, Middle Initial)

C. Brian J. LaMarca

Mailing Address 2261 Zach Scott St

City State Zip Code
Austin TX 78723-5463

FEC ID number of contributing
federal political committee.

C

Name of Employer

BioLife Plasma L.L.C.

Occupation

Regional Operations Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

254.28

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 25 / 2014

Transaction ID : 2014042311923-100

Amount of Each Receipt this Period

28.56

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

107.12

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Betty D. Larson

Mailing Address 21334 N Andover Rd

City
Kildeer

State
IL

Zip Code
60047-8622

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, HR - Med Products

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

527.88

Date of Receipt

04 / 11 / 2014

Transaction ID : 2014042311623-177

Amount of Each Receipt this Period

60.58

Full Name (Last, First, Middle Initial)

B. Betty D. Larson

Mailing Address 21334 N Andover Rd

City
Kildeer

State
IL

Zip Code
60047-8622

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, HR - Med Products

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

527.88

Date of Receipt

04 / 25 / 2014

Transaction ID : 2014042311923-205

Amount of Each Receipt this Period

60.58

Full Name (Last, First, Middle Initial)

C. Timothy P. Lawrence

Mailing Address 1175 Museum Blvd
Unit 210

City
Vernon Hills

State
IL

Zip Code
60061-3156

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, Mfg & SC - Med Products

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

694.98

Date of Receipt

04 / 11 / 2014

Transaction ID : 2014042311623-191

Amount of Each Receipt this Period

78.50

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

199.66

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Timothy P. Lawrence

Mailing Address 1175 Museum Blvd
Unit 210

City State Zip Code
Vernon Hills IL 60061-3156

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, Mfg & SC - Med Products

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

694.98

Date of Receipt

04 / 25 / 2014

Transaction ID : 2014042311923-227

Amount of Each Receipt this Period

78.50

Full Name (Last, First, Middle Initial)

B. Jacopo Leonardi

Mailing Address 319 Vincent Ct

City State Zip Code
Lake Bluff IL 60044-2758

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, Sls & Mkt - US Hemophilia

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

04 / 25 / 2014

Transaction ID : 2014042311923-185

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. Kelli Lester

Mailing Address 3623 Stanford Cir

City State Zip Code
Falls Church VA 22041-1316

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, Govt Affs & Alliance Dev

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

405.00

Date of Receipt

04 / 11 / 2014

Transaction ID : 2014042311623-140

Amount of Each Receipt this Period

45.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

148.50

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Kelli Lester

Mailing Address 3623 Stanford Cir

City

Falls Church

State

VA

Zip Code

22041-1316

FEC ID number of contributing federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, Govt Affs & Alliance Dev

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

405.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 25 / 2014

Transaction ID : 2014042311923-164

Amount of Each Receipt this Period

45.00

Full Name (Last, First, Middle Initial)

B. Josephine M. Li-McLeod

Mailing Address 758 Cranmont Ct

City

Simi Valley

State

CA

Zip Code

93065-7075

FEC ID number of contributing federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Sr Director Outcomes Research

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 25 / 2014

Transaction ID : 2014042311923-38

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. John W. Lifer

Mailing Address 5601 E Country Rdg

City

Fayetteville

State

AR

Zip Code

72701-7455

FEC ID number of contributing federal political committee.

C

Name of Employer

BioLife Plasma L.L.C.

Occupation

Plasma Center Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 25 / 2014

Transaction ID : 2014042311923-82

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

95.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ronald K. Lloyd

Mailing Address 2 W Delaware Pl
Unit 2603

City State Zip Code
Chicago IL 60610-3416

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

GM, US BioScience

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

04 / 11 / 2014

Transaction ID : 2014042311623-45

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Ronald K. Lloyd

Mailing Address 2 W Delaware Pl
Unit 2603

City State Zip Code
Chicago IL 60610-3416

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

GM, US BioScience

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

04 / 25 / 2014

Transaction ID : 2014042311923-41

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Jack Maniko

Mailing Address 6625 Barnaby St NW

City State Zip Code
Washington DC 20015-2331

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, Fed Legislative Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

04 / 11 / 2014

Transaction ID : 2014042311623-161

Amount of Each Receipt this Period

35.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

135.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jack Maniko

Mailing Address 6625 Barnaby St NW

City

Washington

State

DC

Zip Code

20015-2331

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, Fed Legislative Affairs

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 25 / 2014

Transaction ID : 2014042311923-182

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

B. Jeanne K. Mason

Mailing Address 1760 Duffy Ln

City

Bannockburn

State

IL

Zip Code

60015-1512

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter International Inc.

Occupation

CVP, Human Resources

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1807.29

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 11 / 2014

Transaction ID : 2014042311623-245

Amount of Each Receipt this Period

202.69

Full Name (Last, First, Middle Initial)

C. Jeanne K. Mason

Mailing Address 1760 Duffy Ln

City

Bannockburn

State

IL

Zip Code

60015-1512

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter International Inc.

Occupation

CVP, Human Resources

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1807.29

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 25 / 2014

Transaction ID : 2014042311923-104

Amount of Each Receipt this Period

202.69

SUBTOTAL of Receipts This Page (optional)..... ►

440.38

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 31 OF 46

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. John K. McVey

Mailing Address 6320 Longwood Rd

City

Libertyville

State

IL

Zip Code

60048-9447

FEC ID number of contributing
federal political committee.

C

Name of Employer

BioLife Plasma L.L.C.

Occupation

Sr Dir, Reg Affairs & Quality

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.00

Date of Receipt

04 / 11 / 2014

Transaction ID : 2014042311623-264

Amount of Each Receipt this Period

27.00

Full Name (Last, First, Middle Initial)

B. John K. McVey

Mailing Address 6320 Longwood Rd

City

Libertyville

State

IL

Zip Code

60048-9447

FEC ID number of contributing
federal political committee.

C

Name of Employer

BioLife Plasma L.L.C.

Occupation

Sr Dir, Reg Affairs & Quality

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.00

Date of Receipt

04 / 25 / 2014

Transaction ID : 2014042311923-16

Amount of Each Receipt this Period

27.00

Full Name (Last, First, Middle Initial)

C. Dana Mendenhall

Mailing Address 106 S Sangamon St
Apt 2S

City

Chicago

State

IL

Zip Code

60607-2757

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

04 / 25 / 2014

Transaction ID : 2014042311923-183

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

79.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 32 OF 46

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Chris C. Miskel

Mailing Address 169 Woodlake Blvd
Apt 1809

City State Zip Code
Gurnee IL 60031-3290

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, Nat Accts - US BioScience

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

471.18

Date of Receipt

04 / 11 / 2014

Transaction ID : 2014042311623-229

Amount of Each Receipt this Period

53.22

Full Name (Last, First, Middle Initial)

B. Chris C. Miskel

Mailing Address 169 Woodlake Blvd
Apt 1809

City State Zip Code
Gurnee IL 60031-3290

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, Nat Accts - US BioScience

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

471.18

Date of Receipt

04 / 25 / 2014

Transaction ID : 2014042311923-259

Amount of Each Receipt this Period

53.22

Full Name (Last, First, Middle Initial)

c. Mark R. Nail

Mailing Address 4 Lost Meadow Cv

City State Zip Code
The Hills TX 78738-1341

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Renal Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

04 / 25 / 2014

Transaction ID : 2014042311923-107

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

131.44

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Gregory C. Neier

Mailing Address 26W201 Tomahawk Dr

City

Wheaton

State

IL

Zip Code

60189-1513

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP Sales, Nat'l & Strategic Ac

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

04 / 11 / 2014

Transaction ID : 2014042311623-93

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Gregory C. Neier

Mailing Address 26W201 Tomahawk Dr

City

Wheaton

State

IL

Zip Code

60189-1513

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP Sales, Nat'l & Strategic Ac

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

04 / 25 / 2014

Transaction ID : 2014042311923-113

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

c. Christina Noland

Mailing Address 6816 W Palatine Ave

City

Chicago

State

IL

Zip Code

60631-2111

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter International Inc.

Occupation

Sr Mgr, Communications

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

04 / 11 / 2014

Transaction ID : 2014042311623-249

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

150.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Christina Noland

Mailing Address 6816 W Palatine Ave

City State Zip Code
Chicago IL 60631-2111

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter International Inc.

Occupation

Sr Mgr, Communications

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 25 / 2014

Transaction ID : 2014042311923-158

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Peter J. O'Malley

Mailing Address 791 Summit Ave

City State Zip Code
Lake Forest IL 60045-1830

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, Mkt Access - US BioScience

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

405.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 11 / 2014

Transaction ID : 2014042311623-236

Amount of Each Receipt this Period

45.00

Full Name (Last, First, Middle Initial)

c. Peter J. O'Malley

Mailing Address 791 Summit Ave

City State Zip Code
Lake Forest IL 60045-1830

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, Mkt Access - US BioScience

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

405.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 25 / 2014

Transaction ID : 2014042311923-279

Amount of Each Receipt this Period

45.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

140.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 OF 46
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Robert L. Parkinson

Mailing Address 1332 Edgewood Ln

City State Zip Code
 Northbrook IL 60062-4716

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter International Inc.

Occupation

Chairman, President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 11 / 2014

Transaction ID : 2014042311623-252

Amount of Each Receipt this Period

590.38

Full Name (Last, First, Middle Initial)

B. Robert L. Parkinson

Mailing Address 1332 Edgewood Ln

City State Zip Code
 Northbrook IL 60062-4716

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter International Inc.

Occupation

Chairman, President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 25 / 2014

Transaction ID : 2014042311923-206

Amount of Each Receipt this Period

276.96

Full Name (Last, First, Middle Initial)

c. Jed M. Perry

Mailing Address 9078 Brook Ford Rd

City State Zip Code
 Burke VA 22015-3617

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, Fed Affairs & Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 11 / 2014

Transaction ID : 2014042311623-157

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

897.34

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 OF 46
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jed M. Perry

Mailing Address 9078 Brook Ford Rd

City State Zip Code
 Burke VA 22015-3617

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, Fed Affairs & Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 25 2014

Transaction ID : 2014042311923-186

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. Linda J. Peters

Mailing Address 14866 Sanctuary Ln

City State Zip Code
 Libertyville IL 60048-9611

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, RA - Med Products

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 11 2014

Transaction ID : 2014042311623-26

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

c. Linda J. Peters

Mailing Address 14866 Sanctuary Ln

City State Zip Code
 Libertyville IL 60048-9611

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, RA - Med Products

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 25 2014

Transaction ID : 2014042311923-27

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

230.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Carla D. Pittman

Mailing Address 3933 Kenway Ave

City State Zip Code
Los Angeles CA 90008-4805

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
Baxter Healthcare Corporation Sr Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

649.08

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 11 / 2014

Transaction ID : 2014042311623-179

Amount of Each Receipt this Period

72.12

Full Name (Last, First, Middle Initial)

B. Carla D. Pittman

Mailing Address 3933 Kenway Ave

City State Zip Code
Los Angeles CA 90008-4805

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
Baxter Healthcare Corporation Sr Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

649.08

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 25 / 2014

Transaction ID : 2014042311923-210

Amount of Each Receipt this Period

72.12

Full Name (Last, First, Middle Initial)

C. Heather L. Polk

Mailing Address 7635 1/2 N Greenview Ave
Apt 1S

City State Zip Code
Chicago IL 60626-6070

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
Baxter Healthcare Corporation Sr. Marketing Manager, Clinica

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 25 / 2014

Transaction ID : 2014042311923-147

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

194.24

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Julie A. Quick

Mailing Address 3223 Epstein Cir

City

Mundelein

State

IL

Zip Code

60060-6049

FEC ID number of contributing
federal political committee.

C

Name of Employer

BioLife Plasma L.L.C.

Occupation

Sr Mgr, Reg Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.84

Date of Receipt

04 / 25 / 2014

Transaction ID : 2014042311923-281

Amount of Each Receipt this Period

24.38

Full Name (Last, First, Middle Initial)

B. Janet L. Raciti

Mailing Address 19 Wimbledon Ct

City

Lincolnshire

State

IL

Zip Code

60069-2127

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, Strategic Reimbursement

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

04 / 11 / 2014

Transaction ID : 2014042311623-32

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

c. Janet L. Raciti

Mailing Address 19 Wimbledon Ct

City

Lincolnshire

State

IL

Zip Code

60069-2127

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, Strategic Reimbursement

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

04 / 25 / 2014

Transaction ID : 2014042311923-45

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

104.38

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Crystal Riley

Mailing Address 10210 Angora Dr

City State Zip Code
 Cheltenham MD 20623-1068

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Manager, Healthcare Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

04 / 25 / 2014

Transaction ID : 2014042311923-269

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Joseph Russo

Mailing Address 27928 Periwinkle Ln

City State Zip Code
 Valencia CA 91354-1843

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, Envir Health & Safety

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.74

Date of Receipt

04 / 11 / 2014

Transaction ID : 2014042311623-192

Amount of Each Receipt this Period

36.94

Full Name (Last, First, Middle Initial)

C. Joseph Russo

Mailing Address 27928 Periwinkle Ln

City State Zip Code
 Valencia CA 91354-1843

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, Envir Health & Safety

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.74

Date of Receipt

04 / 25 / 2014

Transaction ID : 2014042311923-228

Amount of Each Receipt this Period

36.94

SUBTOTAL of Receipts This Page (optional)..... ►

98.88

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Roibin Ryan

Mailing Address 1419 W Berteau Ave

City

Chicago

State

IL

Zip Code

60613-1914

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter International Inc.

Occupation

Deputy Gen Counsel, Lit & Empl

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

977.58

Date of Receipt

04 / 11 / 2014

Transaction ID : 2014042311623-244

Amount of Each Receipt this Period

108.62

Full Name (Last, First, Middle Initial)

B. Roibin Ryan

Mailing Address 1419 W Berteau Ave

City

Chicago

State

IL

Zip Code

60613-1914

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter International Inc.

Occupation

Deputy Gen Counsel, Lit & Empl

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

977.58

Date of Receipt

04 / 25 / 2014

Transaction ID : 2014042311923-99

Amount of Each Receipt this Period

108.62

Full Name (Last, First, Middle Initial)

C. Eric A. Sato

Mailing Address 381 W Prairie Walk Ln

City

Round Lake

State

IL

Zip Code

60073-4255

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Sr Dir Mktg, Hospital Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

04 / 25 / 2014

Transaction ID : 2014042311923-179

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

242.24

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. David P. Scharf

Mailing Address 931 Oak St

City
Winnetka

State Zip Code
IL 60093-2440

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter International Inc.

Occupation
CVP, General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1120.22

Date of Receipt

M M / D D / Y Y Y Y
04 / 11 / 2014

Transaction ID : 2014042311623-241

Amount of Each Receipt this Period

125.58

Full Name (Last, First, Middle Initial)

B. David P. Scharf

Mailing Address 931 Oak St

City
Winnetka

State Zip Code
IL 60093-2440

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter International Inc.

Occupation
CVP, General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1120.22

Date of Receipt

M M / D D / Y Y Y Y
04 / 25 / 2014

Transaction ID : 2014042311923-74

Amount of Each Receipt this Period

125.58

Full Name (Last, First, Middle Initial)

C. Lori E. Sims

Mailing Address 66 Cooper Dr

City
Glastonbury

State Zip Code
CT 06033-1020

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter Healthcare Corporation

Occupation
Mgr II, State Govt Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.77

Date of Receipt

M M / D D / Y Y Y Y
04 / 11 / 2014

Transaction ID : 2014042311623-115

Amount of Each Receipt this Period

26.63

SUBTOTAL of Receipts This Page (optional)..... ►

277.79

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Lori E. Sims

Mailing Address 66 Cooper Dr

City

Glastonbury

State

CT

Zip Code

06033-1020

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Mgr II, State Govt Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.77

Date of Receipt

04 / 25 / 2014

Transaction ID : 2014042311923-134

Amount of Each Receipt this Period

26.63

Full Name (Last, First, Middle Initial)

B. Onelia Ann Vera

Mailing Address 619 Oleander Dr

City

Hallandale Beach

State

FL

Zip Code

33009-6531

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Assoc General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1044.42

Date of Receipt

04 / 11 / 2014

Transaction ID : 2014042311623-194

Amount of Each Receipt this Period

117.28

Full Name (Last, First, Middle Initial)

c. Onelia Ann Vera

Mailing Address 619 Oleander Dr

City

Hallandale Beach

State

FL

Zip Code

33009-6531

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Assoc General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1044.42

Date of Receipt

04 / 25 / 2014

Transaction ID : 2014042311923-225

Amount of Each Receipt this Period

117.28

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

261.19

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Trudy G. Vlahos

Mailing Address 730 Lakewood Ln

City

Marquette

State

MI

Zip Code

49855-9518

FEC ID number of contributing
federal political committee.

C

Name of Employer

BioLife Plasma L.L.C.

Occupation

Regional Operations Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 25 / 2014

Transaction ID : 2014042311923-213

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Carl Wilt

Mailing Address 38465 N Burr Oak Ln

City

Wadsworth

State

IL

Zip Code

60083-9548

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, Finance - US MD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 25 / 2014

Transaction ID : 2014042311923-55

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. Erica A. Wolf

Mailing Address 555 W Kinzie St
Apt 3904

City

Chicago

State

IL

Zip Code

60654-5868

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Sr Mgr, Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 25 / 2014

Transaction ID : 2014042311923-242

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

75.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Subramaniam Yogendran

Mailing Address 1 Baxter Pkwy
Df 4-2E

City State Zip Code
Deerfield IL 60015-4625

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, SC - MP US & Canada

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

511.89

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 11 / 2014

Transaction ID : 2014042311623-129

Amount of Each Receipt this Period

57.97

Full Name (Last, First, Middle Initial)

B. Subramaniam Yogendran

Mailing Address 1 Baxter Pkwy
Df 4-2E

City State Zip Code
Deerfield IL 60015-4625

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, SC - MP US & Canada

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

511.89

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 25 / 2014

Transaction ID : 2014042311923-138

Amount of Each Receipt this Period

57.97

Full Name (Last, First, Middle Initial)

C. Todd S. Young

Mailing Address 436 Linden St

City State Zip Code
Winnetka IL 60093-2514

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter International Inc.

Occupation

VP, Finance - International

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 25 / 2014

Transaction ID : 2014042311923-229

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

140.94

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 OF 46
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Kristie Zinselmeier

Mailing Address 41 Berkshire Ln

City

Lincolnshire

State

IL

Zip Code

60069-3303

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, Sales - BPS

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 25 / 2014

Transaction ID : 2014042311923-21

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

25.00

TOTAL This Period (last page this line number only)..... ►

7226.44

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 46 OF 46

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Davis for Congress/Friends of Davis

Mailing Address 5956 W. Race Avenue

City	State	Zip Code
Chicago	IL	60644

Purpose of Disbursement
Uncashed 11/22/13 contribution

Candidate Name

Danny K. Davis

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: IL	District: 07

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		14		2014

Transaction ID : 60D11898641F1EA693A

Amount of Each Disbursement this Period

-1000.00

Full Name (Last, First, Middle Initial)

B. Every Republican Is Crucial (ERICPAC)Mailing Address 25 E Main Street
Suite 200

City	State	Zip Code
Richmond	VA	23219-2109

Purpose of Disbursement
2014 Contribution

Candidate Name

Every Republican Is Crucial (ERICPAC)

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For: 2014
<input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2014

Transaction ID : 4930BD5958C4D1689D8

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4000.00

4000.00
